

ber which will regulate not only the quantity, but be equivalent to rapidity in the detraction of the blood should be determined; but the bites should be instantly closed, on observing that the system is brought under the influence of loss of blood.' ""*

The remainder of the work treats of the following classes of medicines, to wit: narcotics, refrigerants, nauseants, antacids, antalkalies, antilithics, disinfectants, antiseptics, demulcents, diluents, and alteratives. The last chapter is one of "concluding observations;" and this, together with the volume, is terminated by some excellent passages from an excellent essay by Professor Bigelow of Boston—an essay as unlike in its spirit and character the work to which it is here appended as can well be imagined.

We have spoken of Dr. Dunglison's treatise with freedom: it is very probable that the author and his friends may think that we have spoken, in some instances, with undue license and unnecessary severity. We have not intended to do so. We belong to no party, medico-doctrinal or medico-geographical; we have no personal interests, prejudices or passions, to be in any way affected, or that can in any degree have influenced our feelings or our language. We have said what the interests of truth, science and humanity seemed to us to require, and no more. We are advocates for free discussion, in its best and fullest sense; but we believe that no discussion can be truly free which is not also courteous in manner, and as kind in spirit as the circumstances will allow. We believe the doctrines we have controverted to be dangerous and erroneous, but we distrust with too much sincerity our own opinions, as well as those of other men, to claim for them any exemption from fallibility. We ask for them only that fair hearing and attention which the deliberately formed opinions of any earnest lover of science and humanity may always reasonably claim.

E. B.

ART. XII. *A Treatise on the Malformation, Injuries and Diseases of the Rectum and Anus*. By GEORGE BUSHE, M. D., &c. New York: French & Adlard, 1837. 1 vol. 12mo., pp. 299, with nine quarto plates.

The author of this little treatise has been cut off in the midst of his labours since the completion of the work; the lights of his experience and reflections will never again be thrown before the public, and one of the chief purposes of a critical review, the correction of the peculiar faults of an author, is no longer capable of fulfilment. It only remains for us to notice the claims of the essay upon the attention of the profession.

The range of subjects discussed by Dr. Bushe, is nearly as exten-

* Thomson, op. cit. i. p. 458.

sive as that contained in the principal treatises previously published in our language, but we remark some few omissions in the list, evidently arising from a neglect of the labours of American anatomists and surgeons. These will be mentioned as we proceed.

The history and symptomatology of the various diseases, seem to be more generally compiled from books than we should have expected, when recollecting the fact that the author was one of the most extensive practitioners in the most populous city of the union; and it is chiefly in the addition of a few illustrative cases, occurring under his immediate observation, that the novelty of the work consists. The therapeutical directions are given in a manner rather objectionable on the score of dogmatism, as they consist, for the most part, of a mere enumeration of some of the plans of others, with an announcement of the methods preferred by the author, unaccompanied by all the argument desirable for those who would wish to form independent conclusions.

It has been, perhaps, a fault with some of our more recent reporters of cases to carry a little too far their attention to details not strictly relevant, after the fashion of some French pathologists; but, in the work before us, the author has unfortunately coupled a share of this failing with the worse error until lately prevalent on the other side of the channel. He has neglected many points necessary to the clear comprehension of the cases. It is a matter of no importance to the profession to know where and how the surgeon is occupied when called to a case, but when the application of caustic to a delicate part is directed, it becomes a matter of much moment to ascertain whether the nitrate of silver, the hydrate of potassa, or the chloride of antimony be the kind of caustic indicated.

With the statement of these general impressions, resulting from the first perusal of the work under notice, we will proceed to the examination of its separate chapters.

The details connected with the anatomy of the rectum are tolerably full, but it is evident that the writer had not studied with attention the mutual relations of the two sphincters, together with the direction and attachments of the longitudinal fibres of the intestine. In a note at page 12, he extracts the description of the duplicature and reversion of the longitudinal fibres beneath the edge of the internal sphincter, given by Professor Horner in his *Special Anatomy*; quoting the edition of 1826. He then remarks—

“As I have had no opportunity, since I read the above in Mr. H.’s treatise, of examining the rectum post-mortem, I am, of course, unwilling to admit his description into my text; yet as this gentleman’s opinion is entitled to every attention, I have thought proper to insert it in the form of a note, so that others may ascertain whether it be correct.”

It is to be regretted that the *American Cyclopædia of Practical Medicine and Surgery*, published in a neighbouring city, did not fall into the hands of the author before the publication of his work, as he would there have found, under the head of *Anus*, a much more full and perfect account of the course and character of the longitudinal

fibres of the rectum, as demonstrated by Dr. Horner. He would also have found an analysis of the relations between these fibres and the columns of the rectum, the pouches uncertainly and imperfectly described by Rives, and certain other parts occupying the interspace between the two sphincters of the rectum, all which points have important bearings on the pathology of the rectum and anus.

Dr. Bushe opposes the doctrine of Mr. Houston of Dublin in relation to the mucous folds, supposed by that author to be regularly disposed in a kind of spiral line throughout the rectum. Speaking of the mucous coat, he observes—

“Superiorly, it is smooth, and when empty, in consequence of its great amplitude, it is thrown into oblique and transverse folds, which, however, do not assume any regular form or arrangement.”

And again, in a note on the valvular arrangement described by Mr. Houston—

“With all due deference I would beg leave to remark, that his misapprehension of this piece of anatomy has arisen from his methods of investigation:—one, by filling the intestine with alcohol, and then opening it; the other by inflation and drying. In the first, the accidental folds are rendered permanent by the induration resulting from the action of the alcohol; while, in the second, the projections resembling valves are produced by the angles formed by the settling of the intestine during the process of desiccation.”—p. 13.

Now, although the existence, even occasionally, of proper valves, with muscular fibres, such as are described by Hutchinson, has been rendered extremely improbable by the investigations of recent anatomists, the existence of occasional wide and permanent duplications of mucous membrane dividing the rectum into cells, *but not provided with muscular fibres*, has been placed beyond a doubt by the preparations in the Wistar Museum, deposited by Dr. Horner.

As we have already described this arrangement on several occasions, (see review of O’Beirne on Defecation, in this Journal, for August, 1836,) it is unnecessary to repeat the details here.

With regard to the semi-lunar valves or sacculi of the anus which have led to so much discussion—having been supposed to be obscurely figured forth as accidental occurrences by Glisson and Ruysch, rather more distinctly by Winslow, identified after years of search by Ribes, and proved to be a normal and constant structure by Horner—Dr. Bushe expresses great surprise that anatomists should have experienced any difficulty in finding them. He says: “For my part I have been always able, in my lectures and dissections, to verify the concise description of Winslow,” &c.—p. 15. But the description of Winslow is so concise that it shares in the obscurity which overshadows the notices of all the authors anterior to Ribes, and is not entirely dispelled from the latter. We are left, then, still in doubt, whether the semi-lunar valves so continually demonstrated by Dr. Bushe were the true sacculi of the anus described in the article to which reference has been already made, or merely follicles, or accidental transverse mucous folds in the grooves between the columns of the rectum.

The want of attention to the observations alluded to, based as they

are upon the dissections of the most profound anatomist on this side the Atlantic, has prevented Dr. Bushe from arriving at some important conclusions connected with the history of prolapsus and accidents of the rectum.

The enlargement of the anus in the interspace between the two sphincters is not described; consequently the history of the causes and progress of fistula in ano is rendered less complete and philosophical. The author does not seem to have been at all acquainted with the preternatural pouches of this region, as observed by Dr. Physick; or if familiar with them, he has classed them with internal fistula, and has neither noticed the peculiar symptoms following the accidental introduction of small portions of feces in these pouches, nor the operation required for their cure. (Amer. Cyclop. of Pract. Med. and Surg., Vol. II., p. 123.)

The second chapter, treating of the functions of the rectum, is too short to be very satisfactory, and displays in a strong light the defects consequent upon the neglect of many important points in the anatomy of the region. The peculiar notions of Dr. O'Beirne on defecation are combated at great length; but as we have already discussed this question in a former number, it is unnecessary to comment upon it here.

The subject of malformations of the rectum is next introduced; and although the history of the varieties of imperforations of the anus and rectum is rather slightly passed over, the accompanying notes furnish some interesting bibliographical references creditable to the research of the author.

The list of foreign bodies in the rectum, which follows in order, is curious and considerable. It seems, indeed, that nearly all the apparatus of the table as well as their contents, excepting the table itself and the larger dishes, have occasionally found their way to this receptacle. Knives, forks of wood and iron, cups, bottles, jelly pots, jaw bones of dogs, and pigs' tails with the bristles, are among the number! A tolerable idea of the variety of these foreign substances may be formed by perusing the following catalogue.

"The instruments necessary for extracting these bodies are blunt hooks, of different sizes and shapes, a lever," (quere, of what dimensions?) "gimlet, cutting forceps, strong long scissors with probe points, a six inch narrow saw, wooden gegeret, polypus and lithotomy forceps of different shapes and sizes, a speculum, strong waxed ligatures, metallic tubes of various length and size, and a probe-pointed bistoury; to all of which, the crooked finger and a small hand are admirable adjuncts."—p. 58-59.

A tyro in the profession might well be alarmed at this terrible array; and it may be well to observe that the extraction of foreign bodies from the rectum, though the operation requires some anatomical knowledge and often considerable caution, is, in most instances, a very simple business. It excites the fears of the patient and the disgust of the surgeon; but the only instrument not contained in the common pocket case required in any but the rarest accidents, is a short forceps, on the principle of the œsophageal instrument invented by Dr. Bond of this city, which facilitates the extraction of all long, slender,

and pointed bodies from narrow canals. In those very unusual cases in which tea cups, jaw bones, glass bottles, &c., have been found in the rectum, the circumstances of each individual accident will determine any intelligent surgeon in the choice of tools for extraction better than will the record of the *modus operandi* in former instances.

It is unreasonable to add to the list of apparatus for rectal operations a *six inch saw*, merely because a madman once chose to make a suppository of a long forked stick; for if a similar instance of monomania should recur within the next century, the nearest watch-maker's shop will supply the deficiency.—(p. 63.) As for cases like that narrated by Marchetti, which has been harped upon *usque ad nauseam*, more to the detriment of morals than to the benefit of surgery, the expedient of the canula should suggest itself to any tyro in the art.—(p. 64.)

The principal original notice in this chapter is a case of the extraction, without dividing the sphincter, of a rectal concretion, six inches and three-quarters in circumference and two and a half in length. The patient was a delicate female, thirty-five years of age, who had laboured under constipation and colic for seven years. Her bowels were moved with great difficulty by the aid of powerful enemata and cathartics during the attacks.

"I was called to visit her in one of these paroxysms, and found her sallow, emaciated and dejected. From severe bearing-down pains, together with the weight and fulness in the sacral region, which she complains of, I was led to make an examination of the rectum, when I found the mucous membrane slightly protruding from the anus, and very turgid, the sphincter excessively irritable, and a large concretion distending the pouch of the rectum. I now apprised her of the nature of the case, and the absolute necessity of removing the foreign body, to which she willingly consented. Having placed her hips over the edge of a bed, and bent her knees toward her chin, while she lay on her back, I introduced a strong and long lithotomy forceps, with which cautiously laying hold of the concretion, I slowly and steadily extracted it, with no more injury than slight laceration of the mucous membrane."—p. 60.

In this instance, the foreign body, together with the forceps, for which due allowance must be made, will measure two and a half inches in diameter, and this may be considered about the limit of the dimensions of a smooth body, which may be extracted from the pouch of the rectum without the aid of incisions or the danger of any very serious injury from distension.

It is mentioned that leeches, when applied to the anus, may make their way into the rectum, and an injection of an infusion of tobacco or a solution of salt is recommended for their expulsion. Zacutus Lusitanus is quoted as recommending injections of onion juice, ox gall, or castor for similar purposes.—p. 66. We should much prefer the very obvious practice which consists in preventing the leeches from entering, for it is only through very gross negligence that such an accident can occur! But suppose a leech to have made a lodgement in the rectum, there can be no sufficient reason for rendering him more uncomfortable than his own wayward will must make him! The medicinal leech is an animal far too delicate long to tolerate such

disagreeable lodgings! He will neither adhere to a dirty surface, nor tolerate acridity or fetor; and if the mucous membrane should happen to be unusually clean, he would very soon experience the pleasures of repletion and pass off unconsciously with the first discharges, in the midst of his after-dinner nap! The cases requiring the application of leeches are precisely those in which the introduction of glyster pipes and stimulating enemata are most injurious, and we cannot perceive the slightest propriety in their employment.

While upon this subject, it may be well to express our fears for the use of the large European leeches in parts so delicate and irritable as those around the anus. The more diminutive American kind is far better adapted for the purpose.

The lacerations of the rectum which are next introduced by Dr. Bushe, are divided into the incomplete and the complete lacerations. The former are for the most part ruptures of the mucous membrane from the passage of hardened feces, or from the introduction of foreign bodies: the rents being either longitudinal in the anal canal, or transverse at the upper margin of the internal sphincter. Three cases are narrated, in one of which, a longitudinal rupture of six weeks standing soon yielded to confinement in the horizontal position, lavements, ablutions and narcotized saturnine poultices; in another, a crevice of five days standing, with tumid edges, and complicated with spasm of the sphincter, did not yield to similar treatment until "a cane of caustic" (nitrate of silver?) was passed thrice over the lacerated surface: in a third, a transverse laceration at the upper edge of the sphincter required the free division of that muscle before it could be cured.

The complete lacerations are divided into three species, according to the nature and extent of the parts interested. There are much confusion, and some apparent contradiction in the few pages devoted to this subject; and the discussion is almost restricted to the consideration of laceration occurring during labour. To sum up the subject in a few words, Dr. Bushe finds a very large majority of these lacerations confined to the integuments together with the mucous membrane and the external muscle, and caused, generally, by the preternatural elongation of the perineum: sometimes, the recto-vaginal partition is ruptured above the sphincter; and, very rarely, this partition, together with the perineum, is completely torn asunder. In the case of one lady, Dr. B. thinks that he very narrowly escaped observing what Dupuytren terms *la déchirure centrale du périnée*.

"I found the perineum much elongated, the orifice of the vagina very narrow and close to the pubis, and the head of the child pressing forcibly downward. When the pain, which was violent, subsided, and the head retreated, I introduced my finger, and to my discomfiture, found a rent at least four inches in length, extending transversely through the posterior part of the vagina, about an inch and a half from the vulva. I now inserted my finger into this laceration, and distinctly felt the lower extremity of the rectum firmly contracted. Another pain soon came on, which fortunately was not very strong, so that I was able to support the child's head while I had a probe-pointed bistoury taken from my pocket case, and when the pain ceased, I divided the perineum obliquely downward and outward on both sides, to an extent sufficient to allow

of the delivery without further laceration. In this case, I have no doubt had I been a little later, there would have been perforation of the perineum."—p. 76.

We do not observe much originality in the practical directions for the management of these lacerations, if we except the introduction of some modifications of the needle in making the sutures. In the milder form of external laceration of the perineum, Dr. B. employed a kind of semicircular silver hare-lip needle, armed with a moveable steel point at one end, and a fixed silver shoulder at the other. The needle being introduced, and the point unscrewed, a moveable silver shoulder was substituted for it, and a ligature was then applied in the usual manner of the twisted suture.

A case is narrated in which a rent of five months standing was cured by means of two of these sutures, after the excision of the cicatrized edges.—p. 83.

We will close our notice of this chapter after extracting a more remarkable case.

"When the recto-vaginal partition, sphincter and perineum are torn through, the case assumes a very serious aspect. I have never seen but one of this character, and that was in the person of Mrs. D. who, in 1828, had a dreadful accouchement. Thirteen months after this, when the surfaces of the wound had healed separately, and all the parts were puckered, turned, and partly excoriated, after having removed as far as possible the existing irritation, I performed the following operation. Having placed her as in the operation for stone, I excised the edges of the wound on a wooden gorgeret, and passed two sutures, each half an inch apart, through either lip of the recto-vaginal septum, and then tied them in the vagina. Finally, I inserted one of the perineal pins as described in pages 82-3. The sutures and pin were removed on the eighth day, when all the parts appeared firmly united. I may say that I experienced no difficulty in passing the sutures, which I attribute to the employment of small curved needles.—(See plate viii. fig. vii.) and the *pince port-aiguille* of Dieffenbach."—p. 85.

The three next chapters on inflammation of the rectum, inflammation and excoriation of the anus, and inflammation of the rectum and anus arising from the application of gonorrheal matter, are comprised in less than seven pages, heavily leaded and with ample margins; it is hardly necessary, therefore, to apologize for passing their contents unnoticed.

Fissure of the anus seems to have been observed more frequently by Dr. Bushe than by most American surgeons. There are two points only, in the treatment, which appear to us particularly worthy of notice. First, the employment, (in some cases of superficial fissures attended with spasm, after the application of nitrate of silver,) of an extract of belladonna and spermaceti, in the proportion of one part of the former to seven of the latter. This ointment, differing only in its proportions from that previously recommended by Dr. Laporte, (see this Journal, Vol. VII., p. 250,) is stated to have been more successful than that employed by Dupuytren, and which was composed of belladonna, acetate of lead and lard. Secondly, the application of ice to one case of fissure, in which caustic had produced intense pain, not relieved by morphine. The ice relieved the pain of the paroxysms, and the ointment of acetate of lead, emollient enemata, low diet and the horizontal position, completed the cure.—p. 105.

Four cases are narrated at the close of the chapter; one speedily cured by emollients, acetate of lead, diet, ablutions, and lavements; another by the same measures, combined with emollient enemata and cauterization with nitrate of silver; and two by free division of the sphincters. The details of these cases are less minute than the pathologist would desire.

Passing over the tenth and eleventh chapters, on neuralgia of the rectum and spasmodic contraction of the sphincter ani, which are rendered unsatisfactory by defects of system and diagnosis, we come to ulcers of the rectum, such as are produced by inflammation and the entanglement of feces in the lacunæ. Some rather interesting cases are mentioned. They were treated in the manner generally employed in similar ulceration in other parts, except that in several instances the sphincters were divided laterally through the ulcerations. The author states that he had seen one case of death from many and small ulcers of the rectum. The patient had been treated in India for dysentery, but, on examination after death, the colon appeared healthy.

After a single page on venereal ulceration of the rectum, our author takes up the subject of hemorrhoidal affections. In the remarks on the hemorrhoidal flux there is nothing to arrest attention.

Dr. B. appears not to agree either with those who believe in the varicose origin of internal hemorrhoidal tumours, or with those who consider these enlargements as erectile cavities caused by extravasation; he regards them rather as proper tumours of a highly vascular kind.

"I have frequently dissected them with the greatest care, and found that they were spongy, reddish, and contained both arteries and veins, the latter being the most capacious, *but always perfectly healthy.*

"Their surface is villous, and generally bleeds when touched roughly or scratched with the nail; the blood which issues being of a florid red colour. In many instances I have been able to rub off exceedingly vascular and fragile adventitious membranes from their surface. Thus it would seem that they may acquire an increase of magnitude in this way."—p. 152.

In this description of the ordinary structure of internal hemorrhoidal tumours we perfectly coincide, but it is well known, and apparently acknowledged by Dr. B. (Chap. xv. p. 197,) that tumours consisting of mere venous enlargements are seen in the same situation with regular internal piles; and as many details with regard to treatment may be determined by this difference of structure, it is to be regretted that the diagnosis of these affections is not drawn with sufficient accuracy, and that the two figures in the third plate, which are intended as illustrations of the distinction, possess but very little character. Scarcely any allusion is made to those extensive varicosities which sometimes occupy a large portion of the parietes of the rectum, and are generally mistaken for hemorrhoides.

In speaking of external piles, our author seems to have lost sight of the fact that, like those which are internal, they are sometimes varicose, sometimes strictly erectile, and sometimes due to extravasation.

"They are more or less livid, generally elastic, have an extensive base, and

are formed of extravasated blood, which is encysted by condensed cellular tissue, and covered by a few fibres of the sphincter and firm skin of the verge of the anus. * * * Sometimes the blood is absorbed, leaving no trace behind; occasionally, however, in consequence of the first, but more especially of repeated attacks, the superincumbent integuments and surrounding cellular tissue become hypertrophied, and pendulous flaps or tumours, which, in some instances, from the friction they are exposed to, obtain a rough or warty aspect, and become a source of great irritation. It not unfrequently happens, that when there is but one large tumour, it suppurates, and then gradually shrinks up."—p. 163.

Here we observe a description of only one form of external pile, analogous in cause with the preternatural pouches of Dr. Physick, but different in position and result. The latter are confined to the middle region of the anus; they open usually by a single small orifice, and instead of forming abscesses, remain in an indolent condition as torpid sacs unless occupied with foreign matters, in which case they produce terrible uneasiness, but shew little disposition to unite by inflammation or to terminate in fistula. They are scarcely curable except by the complete excision of their thin internal walls. The former, on the contrary, originate in and are chiefly confined to the lower region of the anus, are disposed to open by several orifices, often terminate in occult or complete fistula, readily become inflamed, and unite when freely opened and completely evacuated. See American Cyclop. of Pract. Med. and Surg., art. *Anus*.

We do not like the division of hemorrhoids into the internal and the external—it is too artificial; and whenever an external tumour of the varicose or strictly erectile character is observed, we are almost sure to find the disease extending throughout the whole canal of the anus. This should be borne in mind in selecting the proper mode of operating in each case.

After dwelling at considerable length on the causes of hemorrhoidal affections, and their general treatment, the author passes to the subject of operations. His dread of hemorrhage from rectal operations,—the result of experience,—appears to have been considerable, and he is a strong advocate for the ligature in preference to the knife. Some of the more important objections alleged against the former, are combated with candour, but we are struck with that want of analytical acumen in determining the precise cases to which the one or the other mode of operating is applicable, which is observable in most writers on the diseases of the rectum and anus. It is now well known that accidental erectile structure bears the ligature well, when the parts are not materially diseased; and it is equally well known that varicosity of the veins endangers the occurrence of phlebitis under the application of ligatures. We have been long anxious to obtain authentic materials to warrant some rational conclusion as to the relative dangers of bleeding and inflammation in the two modes of extirpating anal tumours; but the work before us furnishes no such data. The pain of the ligature is one of the greatest objections to its use; but this pain is comparatively trivial, in most instances, when the entire grasp of the loup is above the lower margin of the internal

sphincter; when below that spot, it is terrible. This distinction is not drawn with sufficient emphasis by Dr. Bushe, and we think it was incumbent upon him, from his position, to have been aware of the beautiful method of Dr. Physick for avoiding the exquisite suffering attendant upon the ligature when it includes the whole of a tumour which is partly above and partly below the edge of the sphincter just mentioned. This plan consists in dividing with a scalpel the integuments round the base of so much of the tumour as is covered by the skin, leaving intact that which is invested with mucous membrane; the ligature being then applied in such a manner that it traverses the superficial incision without including any portion of the exquisitely sensitive skin. By this plan we have all the safety of the ligature with scarce the tythe of its painfulness when used in such cases according to the ordinary method.

This chapter contains descriptions of some novel modifications of instruments for seizing the tumours, for passing the ligatures, and for arresting the hemorrhage by means of pressure with an inflated intestine—(pp. 185–189, and pl. ix., figs. 1, 2, 3, 4, 11, 12.) We shall not pause to analyse these instruments, as none of them are novel in principle, and all will be better understood by a glance at the figures than by verbal description. They are ingenious, and probably convenient, but do not strike us as very necessary.

When a surgical operation becomes essential to the retention of an established prolapsus ani, Dr. Bushe recommends the plan advocated by Howship, Calvert, Mayo, &c., which consists in taking up by ligature, and then removing by the scissors one or more small portions of the mucous membrane in order to establish adhesions, after reduction, at each of the spots selected. We have stated our reasons for opposing this operation in an article to which we have already referred on more than one occasion, and do not deem it necessary to repeat them here. When the method of Howship (or Heavisides) does not succeed, our author advises the well known operation of Dupuytren, which consists in removing by the scissors a sufficient number of the longitudinal folds of the anus; but by a culpable feeling of nationality, he shows a disposition to rob the French surgeon of his merits in favour of his almost equally eminent countryman, Hey of Leeds, by confusing in the strangest manner the plans of both these operators, though they are obviously and widely different. The rude excision of the whole flap, by the latter, is as unsurgical as the beautiful process of the former is neat and appropriate. If precedence in the establishment of the principles involved in these operations be contested, the claim must be awarded to neither of these gentlemen, but to Cheselden, who removed a linear portion of the flap with “a caustic.”—p. 209.

We find nothing demanding especial notice in the succeeding chapters on relaxation of the anus and rectum, pruritis, excrescences and polypi. They are all exceedingly short and imperfect. We might add to the list the much more considerable chapter on abscess, after censuring, as in duty bound, the very artificial nosological arrangement;

but it seems **proper** not to pass over without comment the practical directions contained in the following passage on what is termed acute gangrenous abscess."

"Should the skin and cellular tissue be destroyed, as described at page 234," (cases of extensive denudation of the rectum and sphincters) "the tonic course which we have now mentioned, ought to be continued until the health improves, when it will be necessary to perform an operation to remedy this state of disease; for the contraction of the sphincter, by separating the intestine from the walls of the pelvis, will render reparation impossible. The operation which I have performed in these cases consists in passing Dessault's wooden gorget into the anus, and then carrying the bistoury into the chasm, I divide the sphincters on it, to the verge of the anus. Should both sides be affected, I treat them in the same manner. I then pass a ligature through the angle of each flap, and plug the intestine with lint. Finally, I fasten the threads by means of adhesive plaster, to the buttocks. In this way the gut is prevented from retracting, while it is well pressed out towards the hips. In a few cases I have omitted the ligatures, but not without having had to regret it."—p. 243.

The anthracoid abscesses of the buttocks are circumscribed, and are not prone to denude the rectum. They probably never reach this intestine on both sides in the same case, and they are not, therefore, of a character to require the operation just described. The acute and chronic gangrenous abscesses of authors, beginning deep in the pelvis, are extremely rare; and a considerable number of the cases which have been observed, have been complicated with a false passage in the rectum; or, in other words, they have been stercoraceous and fistulary. It is needless to point out the reason why a division of the rectum from the internal orifice to the anus is adviseable in such cases.

The most common cause of extensive sloughing about the anus, is the diffuse inflammation of the cellular tissue described by Duncan, or what has been strangely called erysipelas phlegmonoides. This is not a very rare affection. It spares (as do probably the other species mentioned, in most instances,) the muscles, with their attachments, and the muscular coat of the rectum. The description of the affection in which Dr. Bushe operates in the manner above described, as given in pages 233 and 234, is obviously drawn from cases of this diffused inflammation. We are familiar with it, and in two instances have beheld much wider destruction of parts than occurred in the case selected by Dr. B. as an illustration: plate vi. fig. 3. We are compelled to believe the practice under notice calculated to enhance the difficulties of treatment. The power of reproduction, in places occupied with very rare cellular tissue, is almost as remarkable as the facility with which these parts are destroyed by gangrene; and when the integrity of the rectum is preserved, it does not appear reasonable to expect much difficulty in the reunion of gangrenous abscesses which have not been allowed to degenerate after a lapse of considerable time, by a neglect of proper treatment. The records of surgery do not furnish conclusive evidence of the existence of such difficulty, in the history of well observed and dependable cases; and in all the instances presented under our own observation, the reunion has been fully accomplished without the necessity of any incision. The peri-

neum has been much deformed by the contraction of the cicatrices; but as these tend not to contract, but rather to dilate, the anal passage, so long as the canal preserves its integrity, they do not appear calculated seriously to embarrass defecation. While the external sphincter retains its anterior and posterior connexions, the rectum cannot be retracted to an inconvenient extent, and such is the condition of this muscle in a vast majority of cases. The four simple gangrenous abscesses of the anus which we have met with, have all been cured, and well cured, without any instrumental aid other than free external incisions. So much for the *necessity* of the operation practiced by our author; but there are other direct objections against it. The lateral incision of the denuded sphincters at once destroys a portion of their power to antagonise the levators of the anus, and thus the disagreeable retraction of the rectum, alluded to by Dr. B., must occur, unless partially prevented by mechanical means. The ligatures employed for this purpose cannot answer their intention fully; for, if passed through the mucous membrane, they will rapidly ulcerate out, and if secured to parts beneath the margin of the internal sphincter, they will prove a source of dangerous irritation. When erysipelas, the most frequent cause of this kind of abscess, or when a gangrenous tendency is generally prevalent in hospitals or neighbourhoods, the application of either ligatures or adhesive strips, such as Dr. B. recommends, is found to be seriously objectionable, as such measures often *produce* the disease, and always *exacerbate* it. But the very principle upon which the propriety of dividing the sphincters is defended, is one totally at variance with the practice. The direct effect of the incision is to allow the anus to be drawn by muscular contraction toward that side, or toward those portions of the pelvis which are opposite to the cavity or cavities produced by the gangrene. There is no development of the anal canal, but rather a contraction of its walls by the cut fibres of the sphincters, and the space required to be filled up by granulations is increased instead of being diminished. If any thing can be gained by stuffing the pouch of the rectum with lint, as directed by our author, (which we do not credit,) this manœuvre can be practiced quite as successfully without dividing the sphincters; and then it would be free from the obvious objection that the lint assists the muscles in forcing the anus out of its natural position, to which it can never be properly restored by the irregular contraction of the cicatrices. There are other, and still stronger arguments against this practice, but we will leave them to the penetration of the reader. The operation is a relic of the errors of a darker age; it was devised by Faget, and advocated in a paper in the memoirs of the old Royal Academy of Surgery, (tom. i. p. 289, edit. in 8vo., Paris, 1819;) a paper which has exerted a strange influence over the views of most succeeding surgeons, though it contains exceedingly little, either in the way of fact or argument, to entitle it to such respect. We protest then, against the division of the rectum or anus in abscess, unless when coupled with false passages into the intestine, or when the cavity

is of long standing, and its lining membrane has undergone the mucoid transformation which reduces it to the condition of a fistula.

The chapter on fistula is based chiefly on the paper of Mr. Ribes, but Dr. B. differs from that author on one point. He advocates the division of the external, and a part, or the whole, of the internal sphincter in some cases of incomplete fistula.—p. 252. We fully concur in the propriety of making a counter opening into the anus, in those incomplete fistula which detach a considerable portion of the mucous membrane from the muscular coat of the rectum, passing between the external sphincter and the integuments of the anus, and proving obstinate under other modes of treatment; but we have never seen, and should doubt the occurrence of, cases of incomplete fistula demanding a division of any considerable number of muscular fibres for the mere purpose of establishing a free communication between the fistula and the rectum.

In operations on fistula, Dr. B. steadily prefers the knife to the ligature; but, like Ribes, he directs that the incision should never be extended higher than the upper margin of the internal sphincter. He never met with an internal orifice situated above that line.

After a very short chapter on contraction of the anus, Dr. B. enters upon the subject of stricture of the rectum, which is treated rather more at length. This chapter will repay the reader with some notes of personal experience not altogether without value. It contains also a notice of a modification of Sir Charles Bell's ivory dilator, consisting of an elliptical ball of ebony mounted upon a long stalk of whalebone, which can be bent by the index finger while in the rectum, so as to bear directly upon a stricture in any part of its rout; an instrument greatly preferable to the bougie in many cases. A more complex metallic dilator on the principle of the expanding specula is described and figured. Dr. B. urges caution in its employment, but has reaped great advantage from it in some cases; we cannot pretend to express an opinion on its merits without the opportunity of examining, and perhaps testing models. Our author candidly states that he has never succeeded in curing stricture of the rectum.

"To be brief, I know of no patient who was able to leave off the use of the bougie for any time, without an increase or return of his complaint."—p. 287.

The work is concluded by a few remarks on the carcinomatous degenerations of the rectum, with a case in which the author extirpated a cancerous tumour involving the anal canal. The patient continued well for a few months, but died in the country seven months after the operation. Six or eight arteries were tied in this case, and the control over solid feces was not entirely lost.—p. 295. Several of the more important diseases and accidents mentioned in the work, are illustrated in seven coloured lithographs, and two other plates contain figures of the several instruments employed by Dr. Bushe. To be really valuable, figures of morbid parts require to be executed with great care, in order to exhibit the characteristics of the disease intended to be represented; those appended to the treatise before us are certainly not commendable for their fidelity.

The death of an author who has held an important position before the public, seems frequently to attach an undue, or at least, an increased weight to his opinions, and much as we feel disposed to deal kindly by the memory of the departed professor and very extensive practitioner whose labours have been canvassed, justice to the profession demands the statement that, as a record of personal experience, this work is meagre to a degree that is surprising when the opportunities of the writer are considered; and that, as a compilation, its details cannot be considered sufficiently ample to possess a very great degree of interest.

R. C.

ART. XIII.—*Facts and Cases in Obstetric Medicine, with Observations on some of the most important Diseases incidental to Females.*

By J. T. INGLEBY, Member of the Royal College of Surgeons, London; Senior Surgeon to the General Dispensary; Surgeon to the Magdalen Asylum; and Lecturer on Midwifery at the Royal School of Medicine, Birmingham. 8vo. pp. 296. London: Longman & Co.

It is gratifying to perceive that Obstetric Medicine is beginning to engage the attention of physicians to an extent corresponding with its great importance. Certainly no department of the healing art has been more neglected, even by those whose especial duty it was to cultivate and improve it. Within a few years, it is true, we have been furnished with several truly valuable treatises on the diseases peculiar to the female sex, calculated to supply, in some degree, the very great deficiency which had previously existed. The writings of Gardien, Capuron, and Duparcque among the French, and of Mansfield, Clarke, Gooch, Blundell, and some others among the English, and Dewees in this country, have introduced more correct views in regard to the causes and nature of the diseases of women, and discarded, in some measure, the empyrical means formerly too generally relied on for their cure. The field nevertheless is a broad one, and abundant space for cultivation remains in it still, for all such as may be disposed to toil for its fruits. An educated mind, trained to observation, and controlled by a proper regard for the opinions and experience of others, when associated with the industrious habits of such a writer as Mr. Ingleby, will never fail to excite a due degree of interest for any subject upon which its labours are employed. This particularly is true in reference to the work before us. The author, although not connected with any large hospital, gives proofs in the numerous cases which he cites, of extensive observation, derived from his private practice, and the large consultation business which a high character among his neighbouring practitioners has secured to him. In these respects, his experience is drawn from the same sources as that of Dewees. Such